



## ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL

160 Peregory Lane  
Charlottesville, VA 22902

Phone: (434) 977-6981 Fax: (434) 977-0468  
www.acrj.org

### CONTRACTOR / VOLUNTEER APPLICATION

Dear Volunteer Applicant:

**We appreciate your interest in taking your time to volunteer here at the Albemarle-Charlottesville Regional Jail.**

Your expertise and effort will assist us in providing our clients with skills and knowledge that they can utilize when reentering the workforce and our community. We are pleased that you will be a part in assisting us with our efforts in providing education, training, habilitation and rehabilitation for our clients.

Thank you &  
Respectfully,

Phyllis Back  
Programs Director  
Albemarle-Charlottesville Regional Jail  
160 Peregory Lane  
Charlottesville, VA 22902-8720  
Office: 434-977-6981 ext. 288  
Cell: 434-962-2957  
Fax: 434-977-0468

#### **APPLICATION INSTRUCTIONS**

These are the steps required for the ACRJ Contractor / Volunteer application process. Please review and complete these steps and contact me should you have any questions.

- 1) Contractors / Volunteers are required to complete the application packet prior to attending the ACRJ Orientation & Training class. Ensure that all areas are completely filled-in, & those that do not apply write **N/A** in the space. **PRINT CLEARLY & LEGIBLE.**
- 2) Be prepared to attend an Orientation & Training class that may last up to four (4) hours.
- 3) Bring a valid photo identification that includes your current address.
- 4) Complete and sign the. "Authorization for Criminal History/Motor Vehicle Records Check" form.
- 5) Complete a "Volunteer Photo Identification Information" form and take a picture for said card.
- 6) Sign and date the "Albemarle-Charlottesville Regional Jail Volunteer Agreement".
- 7) Review the "Sexual Misconduct Laws Introduced to Regional Jails". You will be required to sign and date a copy at the Volunteer Orientation & Training.
- 8) You will be contacted via telephone by the ACRJ Training Department to schedule a date that you will attend the ACRJ Volunteer Orientation & Training class once the background screening has been completed

**ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL  
CONTRACT / VOLUNTEER AGREEMENT**

I agree to release the Superintendent, the Albemarle/Charlottesville/Nelson Regional Jail Authority, the staff of the Albemarle / Charlottesville Regional Jail, the County of Albemarle, the City of Charlottesville, the County of Nelson and the Department of Corrections from any and all liability that may result from your visits to the Albemarle/ Charlottesville Regional Jail. Furthermore, Do you agree to comply with the rules and regulations of the Albemarle / Charlottesville Regional Jail in conjunction with those rules and regulations set forth in this agreement.

I willingly sign this agreement and take full responsibility for any problems, injuries and / or death that may be incurred by me during my visit to the Albemarle/Charlottesville Regional Jail.

I will present my photo identification and jail issued identification card upon my arrival at the Albemarle/Charlottesville Regional Jail.

I will sign and date the visitor or contract logbook upon each of my entries and exits.

I will submit to a search, if requested by the facility staff personnel.

I will not bring anything in or take anything out of the facility for an inmate at anytime, unless I have written permission from the superintendent, program manager, or authorized designee.

I will provide only information that is necessary in the performance of my duties, and if necessary, I will seek approval from facility staff personnel prior to providing this information.

In the event of a disorder or emergency in the facility, I will not become involved, but seek assistance from facility personnel and exit the facility. If taken hostage, my status will not entitle me to any special negotiations for my release.

I will not carry or possess weapons, narcotics, alcohol, or any forbidden items while in the facility. If there is a question or doubt about any items being forbidden, ask the contractor / volunteer coordinator or authorized designee.

I realize that I will be denied access to the facility and may be removed from my position as a contractor / volunteer, if it is apparent that I am under the influence of alcohol or drugs when seeking access to the facility.

Under no circumstances will I bring friends, relatives, or other individuals into the facility unless they receive prior approval from the facility superintendent, program manager, contractor/volunteer coordinator or authorized designee.

Under no circumstances will I discuss or release information pertaining to inmate, staff or incidents regarding the facility without first consulting the contractor / volunteer coordinator or authorized designee.

I acknowledge that failure to comply with any rules and regulations previously mentioned may be sufficient cause for denying me access from entering the facility or participating in any in-house programs, or may result in criminal charges.

I have read and fully understand this agreement. I do agree to release the aforementioned persons and organizations from all liability and accept full responsibility for any problems, injures and/or death incurred during my visits to the Albemarle / Charlottesville Regional Jail. Also, I do agree to abide by all the rules and regulations of the Albemarle / Charlottesville Regional Jail in addition to those rules and regulations set forth in this agreement.

**PRINTED NAME:** \_\_\_\_\_  
( First Middle Last )

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**CERTIFYING OFFICER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Length of Residence at this Address: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_ eMail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Company Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Employment Telephone #: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Your Name When Employed: \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Professional Certification: \_\_\_\_\_

**EMERGENCY INFORMATION**

Person to Contact in Case of Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Telephone#: \_\_\_\_\_ Business Telephone #: \_\_\_\_\_

**TYPE OF ADMITTANCE DESIRED:**

Please Check One:     ( )     Volunteer (Specify Program): \_\_\_\_\_

                                  ( )     Agency Program (Specify Program): \_\_\_\_\_

                                  ( )     Other (Specify Program): \_\_\_\_\_

Brief Description of Program:

\_\_\_\_\_  
\_\_\_\_\_

Are you a US Citizen? YES     NO     If not, provide documentation to verify that you are in the U.S. legally.

**PREVIOUS INSTITUTIONAL / VOLUNTEER EXPERIENCE**

**Organization with which you are currently affiliated:** \_\_\_\_\_

**Have you ever worked with Juvenile or Adult Offenders:** ( ) YES ( ) NO

**If your answer is yes; please indicate the following:**

**Where:** \_\_\_\_\_ **When:** \_\_\_\_\_

**Briefly describe experience:** \_\_\_\_\_

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**Reason(s) for Terminating this Work:** \_\_\_\_\_

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**Are you currently working with any other correctional institution:** ( ) YES ( ) NO

**If so, where and in what program:** \_\_\_\_\_

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**Please list your reasons for desiring to work with offenders in the Albemarle/Charlottesville Regional Jail:**

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**What strengths do you feel you have to offer in a program of this kind:** \_\_\_\_\_

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**How much time per week (on the average) do you plan to devote to the Regional Jail?** \_\_\_\_\_

**What days / hours would you be available:** \_\_\_\_\_

**Please list any other pertinent information you wish to include on this application:** \_\_\_\_\_

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**How did you hear about this volunteer opportunity?** \_\_\_\_\_

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**Does this volunteer/contracted service require any type of license or certification, including driver's license?  
(Explain)**

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**Interest, Experience, and Skills:**

Please indicate in the blocks provided whether you have (I) – interest, (E) – experience, or (S) – skills

- a. **Business and Office Procedure:**  
 Typing     Bookkeeping     Simple Clerical     Computer
- b. **Public Relations/Personnel Services**  
 Social Work     Public Speaking     Library Skills  
 Publicity     Journalism     Program Management
- c. **Arts & Crafts/Recreation:**  
 Music     Painting/Ceramics     Woodworking  
 Leather Craft     Other/Sewing, etc.
- d. **Special Populations:**  
 Handicapped     Geriatric     Mentally Retarded  
 Learning Disabilities
- e. **Educational Skills:**  
 Literacy Tutoring     Teaching-subject: \_\_\_\_\_  
 Foreign Language     Vocational-Subject: \_\_\_\_\_
- f. **Human Services:**  
 Drug/Alcohol Counseling     Sign Language  
 Sex Offender Counseling     Braille
- g. **Religious Activities/Groups: (Please indicate denomination and type of job):**
- 
- Bible Study     Prayer Group  
 Worship Services     One-On-One Counseling
- h. **Other Skills, training, education, group affiliations, etc.:**
-

**CRIMINAL INVESTIGATIONS**  
**NOTICE TO VOLUNTEER APPLICANT**

It is the policy of the Albemarle-Charlottesville Regional Jail to request criminal records investigations on volunteer applicants during the screening process.

Applicants with criminal convictions may be rejected volunteer staff positions where there is a demonstrable relationship to the job for which the applicant is applying. The Albemarle-Charlottesville Regional Jail will consider the nature, gravity, and time of the offense rather than automatically excluding applicants solely on the basis of a conviction. Arrest records will have no bearing on the screening process; however, an applicant may be required to provide additional information before being allowed to continue in the screening process.

If you do not sign the, "Authorization for Criminal History / Motor Vehicle Records Check", form, you will not be considered for volunteer status. This form must be completed prior to your initial orientation.

Have you ever been convicted of any felony, any crime involving moral turpitude, or any offense involving the sexual molestation, physical or sexual abuse or rape of a child? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe in full:

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**ARREST RECORD**

Have you ever been charged, arrested or convicted for any Criminal Offense to include minor violations?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, list:

	DATE	JURISDICTION	CHARGE(S)	DISPOSTION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Are you visiting, have you visited, or are you corresponding with any inmate confined in any jail or any correctional institution of the Virginia Department of Corrections? YES / NO

If yes, please explain/identify the inmate(s): \_\_\_\_\_

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Please list any know family, friends, or associates who are currently under the supervision of the Virginia Department of Corrections (confined or parole): \_\_\_\_\_

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Are you now or have you ever been an associate or had any association with any known Gang? YES / NO

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**ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL**  
**160 PEREGORY LANE**  
**CHARLOTTESVILLE VIRGINIA 22902**  
 Phone: (434) 977-6981  
 Fax: (434) 979-7677 or (434) 977-0468

Colonel Ronald Matthews  
 Superintendent

**AUTHORIZATION FOR CRIMINAL HISTORY / MOTOR VEHICLE  
 RECORDS CHECK**

CURRENT PHONE NUMBER:
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LAST NAME		FIRST NAME			MIDDLE NAME		ALL OTHER NAMES (INCLUDING MAIDEN NAMES BY FORMER MARRIAGES)	
DATE OF BIRTH MONTH    DAY    YEAR			PLACE OF BIRTH (CITY-TOWN-COUNTY)			STATE	SOCIAL SECURITY NUMBER	
RACE	SEX	AGE	HEIGHT	WEIGHT	HAIR	EYES		
HOME ADDRESS		STREET		CITY-TOWN-COUNTY		STATE	ZIP CODE	

DO NOT WRITE BELOW THIS LINE

**CRIMINAL HISTORY/MOTOR VEHICLE VIOLATION RECORD**

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\_\_\_\_\_  
 Records Check Run By:

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Reviewed by the Deputy Superintendent or Designee:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**ALBEMARLE/CHARLOTTESVILLE REGIONAL JAIL**  
**CONTRACTOR / VOLUNTEER**  
**APPROVAL / DISAPPROVAL / TERMINATION**

Applicant Name: \_\_\_\_\_

SSAN: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

1. Program Applied For: \_\_\_\_\_

2. Records Check Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

3. Days Available: \_\_\_\_\_

4. Applicant is Recommended For: **APPROVAL** / **DISAPPROVAL**

a. If approved, applicant may provide program services as follows (be specific-day/time, etc)

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b. If disapproval, reason:

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5. Applicant Jail Orientation Conducted By: \_\_\_\_\_ Date: \_\_\_\_\_

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**PROGRAMS DIRECTOR**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DEPUTY SUPERINTENDENT / DESIGNEE**

**FINAL: APPROVAL / DISAPPROVAL**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TRAINING DEPARTMENT**

6. Entry I.D. Badge Issued on: \_\_\_\_\_ Number: \_\_\_\_\_

7. Contractor / Volunteer Notified via Letter On: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER PHOTO IDENTIFICATION INFORMATION

BADGE NUMBER: \_\_\_\_\_ PHOTO NUMBER \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

INMATE(S) NAME: \_\_\_\_\_

DATE OF VISIT / PROGRAM: \_\_\_\_\_

TIME OF VISIT / PROGRAM: \_\_\_\_\_

ANY SPECIAL NOTES OF APPROVAL OR CONSIDERATIONS:

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**INFORMATION BELOW THIS LINE WILL ONLY BE AVAILABLE TO THE VOLUNTEER COORDINATOR**

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ALL INFORMATION GIVEN ABOVE IS VOLUNTARY AND WILL BE USED ONLY FOR IDENTIFICATION PURPOSES FOR ENTRANCE INTO THE ALBEMARLE / CHARLOTTESVILLE REGIONAL JAIL.**

**PROPERTY OF THE ALBEMARLE / CHARLOTTESVILLE REGIONAL JAIL. TO BE USED FOR OFFICIAL USE OF THE HOLDER DESIGNATED. MUST BE PRESENTED TO ENTER THE FACILITY. USE OR POSSESSION EXCEPT AS PRESCRIBED IS UNLAWFUL AND WILL MAKE THE OFFENDER LIABLE TO HEAVY PENALTY.**

**IF LOST, STOLEN OR DAMAGED, YOU MUST REPORT THE MISSING CARD TO THE JAIL CONTROL ROOM OFFICER AT 434-977-6981, EXTENTION 261.**

*DO NOT RETURN, THIS IS YOUR COPY TO RETAIN,  
A SIGNED COPY WILL BE COMPLETED DURING YOUR ORIENTATION.*

**ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL**

**SEXUAL MISCONDUCT LAWS INTRODUCED TO REGIONAL JAILS**

**18.2-64.2 Carnal knowledge of an inmate; parolee, probationer, or pretrial or post-trial offender; penalty.**

An accused shall be guilty of carnal knowledge of an inmate, parolee, probationer, or pretrial or post-trial offender if he or she is an employee or contractual employee of, or a volunteer with, a state or local correctional facility or regional jail, the Department of Corrections, a local community corrections, program or a pretrial program; is in a position of authority over the inmate, probationer, parolee, or pretrial or post-trial offender is under the jurisdiction of the state or local correctional facility or regional jail, the Department of Corrections, a local community corrections program, or a pretrial program; and carnally knows, without the use of force, threat or intimidation (i) an inmate who has been committed to jail or convicted and sentenced to confinement in a state or local correctional facility or regional jail or (ii) a probationer, parolee, or a pretrial or post-trial offender under the jurisdiction of the Department of Corrections, a local community corrections program, a pretrial program, a local or regional jail for the purpose of imprisonment, a work program, or any other parole/probationary or pretrial program.

**Such offense is a Class 6 felony.**

**DEFINITION:** *Carnal Knowledge*; for the purpose of this section includes the acts of sexual intercourse and anal intercourse; also it includes acts of oral sex such as cunnilingus, anallingus, and fellatio and animate or inanimate object sexual penetration. (1999.c.294)

**18.2-67.4: Sexual battery; Subsection A.** An accused shall be guilty of sexual battery if he or she sexually abuses (i) the complaining witness against the will of the complaining witness, by force, threat, intimidation or ruse, or through the use of the complaining witness's mental incapacity or physical helplessness or (ii) an inmate who has been committed to jail or convicted and sentenced to confinement in a state or local correctional facility or regional jail and the accused is an employee or contractual employee or, a volunteer with, the state or local correctional facility or regional jail; is in a position of authority over the inmate; and knows that the offender is under the jurisdiction of the state or local correctional facility or regional jail; or (iii) a probationer, parolee, or a pretrial or post-trial offender under the jurisdiction of the Department of Corrections, a local community corrections program, a pretrial program, a local or regional jail for the purposes of imprisonment, a work program, any other parole/probationary or pretrial program and the accused is an employee or contractual employee or, a volunteer with, the Department of Corrections, a local community corrections program, a pretrial program or a local or regional jail; is in a position of authority over an offender; and knows that the offender is under the jurisdiction of the Department of Corrections, a local community corrections program, a pretrial program or a local or regional jail.

**Sexual Battery is a Class I Misdemeanor. (1981, c. 397; 1997. c. 643; 1999, c. 294)**

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A SIGNED COPY WILL BE COMPLETED DURING YOUR ORIENTATION.*